

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000062615**

1. Corporation Name

TROPICAL MARINE AQUARIA, INC.

FILED

01 NOV -8 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1576 NE 205TH STREET
NORTH MIAMI FL 33179

Mailing Address

1576 NE 205TH STREET
NORTH MIAMI FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Country



REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1999

5. FEI Number

65-0936534

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	AVILA, HENRY	1576 NE 205TH STREET	NORTH MIAMI FL 33179
AVI, IFRAH	AVI, IFRAH	1600 NE 205TH TERR.	MIAMI FL 33179
	AVI, IFRAH	IS NO LONGER WITH	the company as of
	SEPT 31/00		

8. Name and Address of Current Registered Agent

AVILA, HENRY
1576 NE 205TH STREET
NORTH MIAMI FL 33179

9. Name and Address of New Registered Agent

Name
HENRY AVILA
Street Address (P.O. Box Number is Not Acceptable)
20358 NE 16th
Suite, Apt. #, Etc.
MIAMI FLORIDA
City
MIAMI State
FL Zip Code
33179

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HENRY AVILA 10/15/01 305 493-9002